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IRO Certificate #

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DATE OF REVIEW: 5/16/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient decompression therapy for 8 sessions. Related to cervical/lumbar to consist of therapeutic activities, electrical stimulation and hot/cold packs.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Doctor of Chiropractic licensed in Texas

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Overtaken (Disagree)

Partially Overtaken (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Denial Letters

Records from, 2007

Initial exam and progress reports, Dr.

MRI Report of lumbar spine, 11/22/06

PT prescription, Dr., 12/13/06

Request for reconsideration, Dr., 2/15/07

MRI SI Joints, 11/22/06

Report, Dr., 12/13/04

MRI Brain, 10/19/05

Records, Dr.

Report, Dr.

Ultrasound of lower extremities

PATIENT CLINICAL HISTORY [SUMMARY]:

Helen Smith is a female who was involved in an accident, falling backward and injuring her neck and lower back. She has had numerous medical evaluations, medication, physical therapy, MRI's, carotid artery studies and ultrasounds of the lower extremities. The requested services are outpatient decompression therapy for 8 sessions related to cervical lumbar was to consist of therapeutic activities, electrical stimulation and hot/cold packs.

ANALYSIS AND EXPLANATION OF THE DECISION - INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

I agree with the denial of the requested services.

This request for treatment comes some years after the patient's injury. Patient has received no active or passive treatment, only medication. She has multiple co-morbidities that complicate the patient's case. Patient has diabetes, high blood pressure, is grossly obese, walks with use of a walker or uses a wheelchair. It is noted in the patient's records from 2006 that the patient has "marked obesity wearing down her joints in her back and her muscles are infiltrated with fat." Patient also has a history of multiple surgeries and cardiac arrests. The claimant has multiple levels of disc degeneration, herniation and bulging complicated by peripheral neuropathy of all four extremities related to her diabetes.

The documentation fails to show any prior chiropractic care to include manipulation, lumbar spine flexion/distraction and therapeutic activities to include passive stretching and myofascial release. This treatment will be more beneficial and more cost-effective. Since the patient is severely deconditioned, it would be appropriate treatment for the patient to work with a skilled personal trainer in order to progress to a home-based exercise program. It would also be appropriated treatment for the patient to consult with a nutritionist both for her weight loss and diabetes.

This patient is not a candidate for spinal decompression. Prognosis would be poor at best. Objective documentation does not support a favorable outcome. Records from 2/7/07 show that the patient was given two routine treatments with "no change in symptoms." This is an indication that this treatment would probably fail to be beneficial. Based on the documentation provided, the proposed spinal decompression would be inappropriate, not cost-effective, and fail to be beneficial to the patient.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE

- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)